

# CITY OF CARLSBAD

1635 Faraday Ave., Carlsbad, CA 92008  
Phone (760) 602-2420 Fax (760) 602-8553

## CREDIT CARD PAYMENT AUTHORIZATION

Company/Person Name: \_\_\_\_\_

I AUTHORIZE THE CITY OF CARLSBAD TO CHARGE MY VISA OR  
MASTERCARD FOR PAYMENT OF SERVICES PROVIDED AS I HAVE  
INDICATED BELOW.

VISA CARD      CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

MASTERCARD      CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED: \_\_\_\_\_

APPLY PAYMENT TO: \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER'S NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS WHERE CREDIT CARD BILLING STATEMENT IS SENT

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

\_\_\_\_\_